

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003873

FILED  
Feb 06, 2010  
Secretary of State

**Entity Name:** NEW DELIVERANCE TABERNACLE, INC.

**Current Principal Place of Business:**

3001 N 22ND STREET  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

3001 N 22ND STREET  
TAMPA, FL 33605

**New Mailing Address:**

PO.BOX 5715  
TAMPA, FL 33675

**FEI Number:** 20-8676447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, BARBARA  
4401 SNAPPER STREET  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MOORE, BARBARA  
Address: 3001 N 22ND STREET  
City-St-Zip: TAMPA, FL 33605

Title: DS  
Name: ALEXANDER, YVONNE  
Address: 1206 14TH AVE  
City-St-Zip: TAMPA, FL 33605

Title: DV  
Name: CONAGE, LINDA  
Address: 1612 32ND AVE  
City-St-Zip: TAMPA, FL 33605

Title: D  
Name: HEARD, JUDY  
Address: 1307 27TH AVE  
City-St-Zip: TAMPA, FL 33605

Title: D  
Name: EUREKA, HARRIS  
Address: 5306 NORMANDY,CT APT.2  
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YVONNE ALEXANDER

DS

02/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date